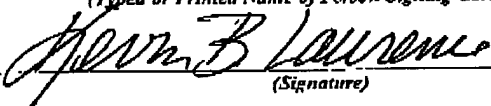
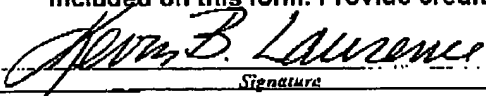


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|--|----------------------------------|---------------------------|--|
| CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) | | | Docket No. 11502/33 |
| Applicant(s): Blatter | | | |
| Application No. 10/706,245 | Filing Date November 12, 2003 | Examiner Julian W. Woo | Group Art Unit 3731 |
| Invention: STAPLE AND ANVIL ANASTOMOSIS SYSTEM | | | |
| | | | RECEIVED CENTRAL FAX CENTER MAR 27 2006 |
| <p>I hereby certify that this <u>Second Preliminary Amendment (including the items listed below)</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>571-273-8300</u>)</p> <p>on <u>MARCH 27, 2006</u> (Date)</p> <p style="text-align: right;">Kevin B. Laurence (Typed or Printed Name of Person Signing Certificate)</p> <p style="text-align: center;"> (Signature)</p> <p style="text-align: center;">Note: Each paper must have its own certificate of mailing.</p> <p>Transmitted: Certificate of Transmission by Facsimile (37 CFR 1.8) (1 pg.) PTO Charge Form charging the amount of \$1,700 (1 pg.) Second Preliminary Amendment (35 pgs.) Amendment Transmittal Letter (1 pg.) Information Disclosure Statement (3 pgs.) Form PTO-449 citing three (3) U.S. references (1 pg.) Transmittal of Information Disclosure Statement (2 pgs.)</p> <p>Total Pages Transmitted: 44 pgs.</p> | | | |

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|--|-------------------------------------|-----------------------------|--|------------------------|------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Small Entity) | | | | | Docket No. 11502/33 | |
| Applicant(s): Blatter | | | | | | |
| Application No. 10/706,245 | Filing Date November 12, 2003 | Examiner Julian W. Woo | Customer No. 32642 | Group Art Unit 3731 | Confirmation No. | |
| Invention: STAPLE AND ANVIL ANASTOMOSIS SYSTEM | | | | | | |
| COMMISSIONER FOR PATENTS: | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | | |
| <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 80 - | 20 = | 60 | x \$25.00 | \$1,500.00 | |
| INDEP. CLAIMS | 5 - | 3 = | 2 | x \$100.00 | \$200.00 | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | \$0.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$1,700.00 | |
| <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____ <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  _____ Signature | | | Dated: MARCH 27, 2006 | | | |
| Kevin B. Laurence Registration No. 38,219 Stoel Rives LLP One Utah Center 201 South Main Street, Suite 1100 Salt Lake City, UT 84111 Telephone: 801-578-6932 Facsimile: 801-578-6999 | | | I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence | | | |
| CC: | | | | | | |

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